

Low-Birth-Weight Babies

pounds (\$58,000) (Agency for Health Care Policy and Research, 1998).

Nationally, public policies aimed at improving birth outcomes by providing insurance coverage for pregnant women (such as recent Medicaid expansions) are a part of the effort to decrease infant mortality. By decreasing the likelihood of premature births, these policies can potentially be cost effective. A weight increase of 250 grams (8.8 ounces) for an infant at birth can save an average of \$12,000 to \$16,000 in first year medical costs, and a 500 gram (17.6 ounce) increase in infant weight generates \$28,000 in savings.

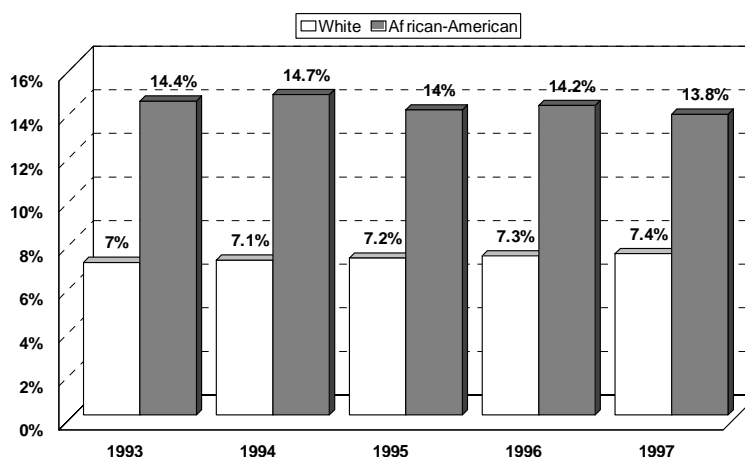
Research shows that low-birth-weight babies are more likely to experience disabilities and health problems associated with their fragile condition.

Disabilities and health problems associated with low-birth-weight babies include chronic asthma, epilepsy, cerebral palsy, and mental retardation. Babies who are low-birth weight tend to have developmental difficulties, learning disabilities, and high levels of distractibility as they age.

Socioeconomic factors primarily contribute to low-birth weight, but inadequate prenatal care, teen pregnancy, poor nutrition, and smoking contribute to this outcome, as well.

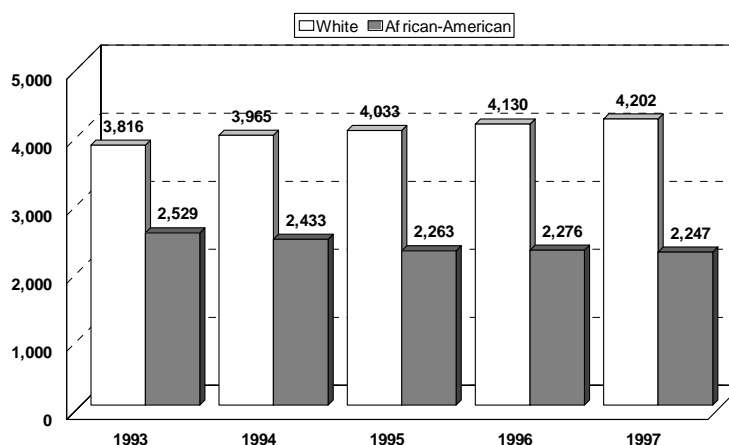
To reduce the low-birth-weight disparity between African American and white babies, efforts must be made to include quality prenatal care (especially for high-risk mothers), timely and thorough prenatal information, good nutrition, and affordable health care.

Percent Low-Birth-Weight Babies By Race of Mother (1993 -1997)



Source: Office of Health Statistics and Information, Tennessee Department of Health.

Number Low-Birth-Weight Babies By Race of Mother (1993 -1997)



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